


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		<b>Docket No. (Optional)</b> 511582006000	
		In re Application of Aya JAKOBOVITS	
		Application Number 09/932,166	Filed August 17, 2001
		For: ISOLATION OF MEMBRANE BOUND LIGAND-SPECIFIC COMPLEXES	
		Art Unit 1644	Examiner D. Saunders, Ph.D.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |                                                                      |    |        |
|----------------------------------------------------------------------|----|--------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))               | \$ |        |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))              | \$ |        |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ | 950.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))             | \$ |        |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))             | \$ |        |

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 475.00

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952

I have enclosed a duplicate copy of this sheet.

- I am the ☐ applicant/inventor.
- ☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☐ attorney or agent of record. Registration Number \_\_\_\_\_
- ☒ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) 29,959

October 21, 2003  
Date

(858) 720-5112  
Telephone Number

  
Signature

Kate H. Murashige  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☐ Total of 1 forms are submitted.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 10/21/03 Signature: Sami M Procopio (Tami Procopio)

10/28/2003 TLUU11 00000063 031952 09932166

01 FC:2253 475.00 DA

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